RAPIDAN SERVICE AUTHORITY 11235 SPOTSWOOD TRAIL PO BOX 148 RUCKERSVILLE, VA 22968 TEL 434-985-7811 FAX 434-985-6075



RAPIDAN SERVICE AUTHORITY 3489 GERMANNA HWY PO BOX 736 LOCUST GROVE, VA 22508 TEL 540-972-2133 FAX 540-972-7065

Serving the Counties of Greene, Madison and Orange

SENT ELECTRONICALLY AND REGULAR MAIL

January 25, 2016

Ms. Alison Thompson
Department of Environmental Quality
Northern Virginia Regional Office
13901 Crown Court
Woodbridge, VA 22193

RE: Wilderness POTW - VA0083411

Permit Renewal Application

Dear Ms. Thompson:

Attached is the above referenced permit renewal application for your review and processing. RSA requests that this new permit continue the reduced effluent monitoring for the 2.0 MGD Flow Tier Special Condition contained in the existing permit.

We look forward to working with you as this application is processed in order to answer any questions or issues that may arise. Please contact me via email at tclemons@rapidan.org or at (434) 985-7811 should you need additional information.

Sincerely,

Timothy L. Clemons

Assistant General Manager

imospose. Clemon

Form Approve	d 1/14/99
OMB Number	2040-0086

FACILITY NAME AND PERMIT NUMBER: Wilderness WWTP - VA0083411

ВА	SIC APPLICA	TION INFO	RMATION							
PAR	T A. BASIC APPL	ICATION INF	ORMATION FOR ALL	APPLICANTS:						
All tr	eatment works mus	t complete que	stions A.1 through A.8 of	this Basic Application	n Information pack	et.				
A.1.	Facility Information	7.								
	Facility name	Wilderness V	Vastewater Treatment Pl	ant						
	Mailing Address	P.O. Box 148 Ruckersville,								
Contact person <u>Tim Clemons</u>										
Title Assistant General Manager										
Telephone number (434) 985-7811										
	Facility Address (not P.O. Box)	36075 Wilder Locust Grove								
A.2.	Applicant Informati	ion. If the applic	ant is different from the abo	ove, provide the following	ng:					
	Applicant name									
	Mailing Address									
	Contact person									
	Title									
	Telephone number		· · · · · · · · · · · · · · · · · · ·							
	owner		ator (or both) of the treatm operator							
	Indicate whether cor	respondence req	garding this permit should b applicant	e directed to the facility	y or the applicant.					
A.3.	Existing Environme works (include state-		Provide the permit number o	of any existing environr	mental permits that	have been issued to the treatment				
	NPDES VA 0083	411		PSD	na					
					na					
	RCRA <u>na</u>			Other	VAN 020029					
A.4.	Collection System I each entity and, if kn etc.).	nformation. Prowide inf	ovide information on munici ormation on the type of colle	palities and areas servection system (combine	red by the facility. Fed vs. separate) and	Provide the name and population of dits ownership (municipal, private,				
	Name		Population Served	Type of Collect	ion System	Ownership				
	Locust Grove/Wild	erness	~12,150	Separate		municipal				
	corridor along Rt.			<u> </u>						
	Orange County, V	-								
	Total por	ulation served	~12,150							

Form	Approve	d 1/14/99
OMB	Number	2040-0086

Wilderness WWTP - VA0083411 A.5. Indian Country. a. Is the treatment works located in Indian Country? Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country? A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal. a. Design flow rate ___ Two Years Ago Last Year This Year 0.882 0080. b. Annual average daily flow rate 0.775 mgd c. Maximum daily flow rate 1.748 2.429 1.492 mgd Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each. √ Separate sanitary sewer 100 % Combined storm and sanitary sewer A.8. Discharges and Other Disposal Methods. Yes a. Does the treatment works discharge effluent to waters of the U.S.? If yes, list how many of each of the following types of discharge points the treatment works uses: i. Discharges of treated effluent ii. Discharges of untreated or partially treated effluent iii. Combined sewer overflow points iv. Constructed emergency overflows (prior to the headworks) Other Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? If yes, provide the following for each surface impoundment: Annual average daily volume discharged to surface impoundment(s) _ continuous or Does the treatment works land-apply treated wastewater? Yes If yes, provide the following for each land application site: Location: Number of acres: Annual average daily volume applied to site: Mgd Is land application ____ continuous or intermittent? Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? Yes

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99 OMB Number 2040-0086

FACILITY NAME AND PERMIT NUMBER:

154	
•	by a party other than the applicant, provide:
Transporter na	
Mailing Addre	SS:
Contact perso	ก:
Title:	
Telephone nui	
Name:	
	ment works that receives this discharge, provide the following:
Mailing Addres	SS:
Contact parace	
Contact person	n:
Title:	
Title: Telephone nur	mber:
Title: Telephone nur If known, provi	mber: ide the NPDES permit number of the treatment works that receives this discharge.
Title: Telephone nur If known, provi	mber:
Title: Telephone nur If known, provi Provide the av	mber: ide the NPDES permit number of the treatment works that receives this discharge.
Title: Telephone nur If known, provi Provide the av Does the treat A.8.a through	mber: ide the NPDES permit number of the treatment works that receives this discharge. Perage daily flow rate from the treatment works into the receiving facility. ment works discharge or dispose of its wastewater in a manner not included in
Title: Telephone nur If known, provi Provide the av Does the treat A.8.a through If yes, provide	mber: ide the NPDES permit number of the treatment works that receives this discharge. verage daily flow rate from the treatment works into the receiving facility. ment works discharge or dispose of its wastewater in a manner not included in A.8.d above (e.g., underground percolation, well injection)? Yes N

		Y NAME AND PERMI ess WWTP - VA008		R:	Form Approved 1/14/99 OMB Number 2040-0086
ļ	f yo vhici	h effluent is discharge	question	include information or	stions A.9 through A.12 once for each outfall (including bypass points) through n combined sewer overflows in this section. If you answered "no" to question Applicants with a Design Flow Greater than or Equal to 0.1 mgd."
A.9.		scription of Outfall.			
	a.	Outfall number	<u>001</u>		
	b.	Location		t Grove	22508
			(City o	or town, if applicable)	(Zip Code) VA
			(Coun	tv)	(State)
			38 22 (Latitu		77 44 45 (Longitude)
			,	•	
	C.	Distance from shore	(if applical	ble)	na ft.
	d.	Depth below surface	(if applica	ble)	na_ ft.
	e.	Average daily flow ra	te		0.775 mgd
	f.	Does this outfall have periodic discharge?	e either an	intermittent or a	Yes V No (go to A.9.g.)
		If yes, provide the fol	lowing info	ormation:	
		Number of times per	year disch	narge occurs:	
		Average duration of	each disch	arge:	
		Average flow per dis-	charge:		mgd
		Months in which disc	-	nte.	
		Working in winch disc	naige occ	urs.	
	g.	Is outfall equipped w	th a diffus	er?	Yes No
۹.10	. De	scription of Receivin	g Waters.		
	a.	Name of receiving wa	ater	Rapidan River	
	b.	Name of watershed (if known)		Rappahannock
		United States Soil Co	nservatio	n Service 14-digit wate	tershed code (if known): UNK
	C.	Name of State Mana	gement/Ri	ver Basin (if known):	Rappahannock
		United States Geolog	ical Surve	y 8-digit hydrologic ca	ataloging unit code (if known): UNK
	d.	Critical low flow of re-	eiving str	eam (if applicable):	
		acute6.9		cfs	chronic11.45 cfs
		Total hardness of rec			

FACILITY NAME AND Wilderness WWTP - \												Approved 1/14/99 Number 2040-0086
A.11. Description of To	reatment.				··········	***************************************				····· · · · · · · · · · · · · · · · ·		
a. What levels o	f treatment	are prov	ided? (heck all th	at a	pply.						
p	rimary	,		Se								
A	dvanced			0	ther	. Describe:						
b. Indicate the fo	ollowing rem	oval rate	es (as a	applicable):								
Design BOD	removal or	Design (CBOD_	removal	93			%				
1	Design BOD _s removal <u>or</u> Design CBOD _s removal Design SS removal											
Design P rem	oval						94			 %		
Design N rem							91			%		
Other							na			% %		
	disinfaction	ic used i		officent franch	4la	is outfall? If disi		.			_	
				sinuent iroi	13 (6)	is outiali? If disi	mection varies	by season	i, p	ease describ	e.	
	Chlorination - Sodium Hypochlorite If disinfection is by chlorination, is dechlorination used for this outfall? ✓ Yes No											
					ea 1	or this outfall?	-	<u> </u>	Ye			No
d. Does the treat	tment plant	have po	st aera	tion?			-		Ye	s		No
collected through of 40 CFR Part 13	h analysis (36 and othe	conduct r appro	ed usi: priate	ng 40 CFR QA/QC red	Pai	rt 136 methods ements for star	. In addition,	this data i	mu ⁄te	st comply w s not addres	ith C sed	nust be based on data AA/QC requirements by 40 CFR Part 136. one-half years apart.
PARAME	TER		P	MUMIXAN	DAI	LY VALUE		AVERAGE DAILY VALUE				
			١	/alue	Γ	Units	Value	e		Units	Units Number of Samples	
pH (Minimum)			6.8		 	s.u.						
pH (Maximum)			8.5			s.u.						
Flow Rate			1.492		mg		0.801	m	gd	accountries with the part of the Party Alb Party	36	5
Temperature (Winter)		4	na									
Temperature (Summer)			na		L,		<u> </u>					
* For pH please re POLLUTANT			AXIMU	imum daliy M DAILY IARGE	vai		E DAILY DISC	HARGE		ANALYTIC METHOL		ML/MDL
Conc. Units C							Units					·
CONVENTIONAL AND N	IONCONVE	NTION	AL CO	MPOUNDS					I	· · · · · · · · · · · · · · · · · · ·		
BIOCHEMICAL OXYGEN	BOD-5									······································		<u> </u>
DEMAND (Report one)	CBOD-5	11		mg/l		1	mg/l	156		SM 5210B		
FECAL COLIFORM		11		mpn		2	mpn	52		Colilert-18		
TOTAL SUSPENDED SOL	IDS (TSS)	7.6		mg/l		2.3	mg/l	156	Ī	SM 2540D		

END OF PART A.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM
2A YOU MUST COMPLETE

	CILITY NAME AND PERMIT NUMBER: erness WWTP - VA0083411		Form Approved 1/14/99 OMB Number 2040-0086
BA	ASIC APPLICATION INFORMATION	******	
PA	RT B. ADDITIONAL APPLICATION INFORMATION FOR A EQUAL TO 0.1 MGD (100,000 gallons per day).	PPLIC	CANTS WITH A DESIGN FLOW GREATER THAN OR
All a	applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1	1 throug	ph B.6. All others go to Part C (Certification).
B.1.	Inflow and Infiltration. Estimate the average number of gallons pe	r day tł	at flow into the treatment works from inflow and/or infiltration.
	Briefly explain any steps underway or planned to minimize inflow and	d infiltra	ation.
	* RSA continues to work with DEQ regarding the Lake of the		
B.2.	Topographic Map. Attach to this application a topographic map of t This map must show the outline of the facility and the following inforr the entire area.)		
	a. The area surrounding the treatment plant, including all unit proce	esses.	
	 The major pipes or other structures through which wastewater er treated wastewater is discharged from the treatment plant. Inclu 	de outl	alls from bypass piping, if applicable.
	c. Each well where wastewater from the treatment plant is injected	_	
	 Wells, springs, other surface water bodies, and drinking water we works, and 2) listed in public record or otherwise known to the ar 	oplicant	
	e. Any areas where the sewage sludge produced by the treatment		•
	f. If the treatment works receives waste that is classified as hazard truck, rail, or special pipe, show on the map where that hazardou disposed.		der the Resource Conservation and Recovery Act (RCRA) by e enters the treatment works and where it is treated, stored, and/or
B.3.	Process Flow Diagram or Schematic. Provide a diagram showing to backup power sources or redundancy in the system. Also provide a wighter chlorination and dechlorination). The water balance must show daily a flow rates between treatment units. Include a brief narrative description	vater ba	alance showing all treatment units, including disinfection (e.g, e flow rates at influent and discharge points and approximate daily
B.4.	Operation/Maintenance Performed by Contractor(s).		
	Are any operational or maintenance aspects (related to wastewater trecontractor?Yes	eatmen	t and effluent quality) of the treatment works the responsibility of a
	If yes, list the name, address, telephone number, and status of each c pages if necessary).	contract	or and describe the contractor's responsibilities (attach additional
	Name:		
	Responsibilities of Contractor:		
3.5.	Scheduled Improvements and Schedules of Implementation. Pro uncompleted plans for improvements that will affect the wastewater tre treatment works has several different implementation schedules or is p B.5 for each. (If none, go to question B.6.)	ovide in eatmen	formation on any uncompleted implementation schedule or t. effluent quality, or design capacity of the treatment works. If the
	 a. List the outfall number (assigned in question A.9) for each outfall na 	that is	covered by this implementation schedule.
	 b. Indicate whether the planned improvements or implementation so YesNo 	chedule	are required by local, State, or Federal agencies.

FACILITY NAME AND PERMIT NUMBER: Form Approved 1/14/99 OMB Number 2040-0086 Wilderness WWTP - VA0083411 If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable). Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible. Schedule **Actual Completion** MM / DD / YYYY Implementation Stage MM / DD / YYYY - Begin construction _________ - End construction ____/ ____/ ______ - Begin discharge - Attain operational level Have appropriate permits/clearances concerning other Federal/State requirements been obtained? Yes No B.6. EFFLUENT TESTING DATA (GREATER THAN O.1 MGD ONLY). Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old. Outfall Number: 001 POLLUTANT MAXIMUM DAILY **AVERAGE DAILY DISCHARGE** DISCHARGE Conc. Units Conc. Units Number of ANALYTICAL ML / MDL Samples **METHOD** CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS. AMMONIA (as N) na CHLORINE (TOTAL RESIDUAL, TRC) <QL <QL mg/l mg/l 1095 SM 4500.C.1.G DISSOLVED OXYGEN 13.1 9.9 mg/l 365 mg/l SM 4500-0 TOTAL KJELDAHL 4.18 mg/l 1.31 mg/l 156 SM 4500 NH3C NITROGEN (TKN) NITRATE PLUS NITRITE 0.65 mg/l 0.16 52 mg/l SM 4500 NO3F **NITROGEN** OIL and GREASE na PHOSPHORUS (Total) 4.92 mg/l 0.27mg/l 52 SM 4500-PE TOTAL DISSOLVED SOLIDS (TDS) na OTHER na END OF PART B. REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM

2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:	Form Approved 1/14/99								
Wilderness WWTP - VA0083411	OMB Number 2040-0086								
BASIC APPLICATION INFORMATION									
PART C. CERTIFICATION									
All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.									
Indicate which parts of Form 2A you have completed and are submitting:									
Basic Application Information packet Supplemental Application	Information packet:								
Part D (Expanded	d Effluent Testing Data)								
Part E (Toxicity To	esting: Biomonitoring Data)								
Part F (Industrial	User Discharges and RCRA/CERCLA Wastes)								
Part G (Combined	d Sewer Systems)								
ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.									
I certify under penalty of law that this document and all attachments were prepared designed to assure that qualified personnel properly gather and evaluate the inform who manage the system or those persons directly responsible for gathering the infibelief, true, accurate, and complete. I am aware that there are significant penalties and imprisonment for knowing violations.	nation submitted. Based on my inquiry of the person or persons ormation, the information is, to the best of my knowledge and								
Name and official title Dudley M. Pattie General Manager Signature									
Telephone number (434) 985-7811									
Date signed // 22//6									
Upon request of the permitting authority, you must submit any other information ne works or identify appropriate permitting requirements.	cessary to assess wastewater treatment practices at the treatment								

SEND COMPLETED FORMS TO:

FACILITY NAME AND PERMIT NUMBER:	Form Approved 1/14/99
Wilderness WWTP - VA0083411	OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Treatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)											
POLLUTANT	1	MAXIMU DISCI	JM DAIL HARGE	Y	A\	VERAG	E DAILY	DISCH	ARGE		
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples	ANALYTICAL METHOD	ML/ MDL
METALS (TOTAL RECOVERABLE),	CYANIDE,	PHENO	LS, AND	HARDNE	SS.			J		*************************************	
ANTIMONY											
ARSENIC											
BERYLLIUM											
CADMIUM											
СНКОМІИМ											
COPPER											
LEAD											
MERCURY											
NICKEL											
SELENIUM											
SILVER											
THALLIUM											
ZINC											
CYANIDE											
TOTAL PHENOLIC COMPOUNDS											
HARDNESS (AS CaCO ₃)											
Use this space (or a separate sheet) to	provide in	formation	on other	metals re	quested b	y the per	mit writer				

FACILITY NAME AND PERMIT NUMBER:

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)											
POLLUTANT	MAXIMUM DAILY DISCHARGE					/ERAGI	DAILY	DISCH			
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples	ANALYTICAL METHOD	ML/ MDL
VOLATILE ORGANIC COMPOUNDS.	<u>i.</u>	I	<u> </u>	i	<u>I</u>			1	Jampies		<u> </u>
ACROLEIN											
ACRYLONITRILE			:								
BENZENE											
BROMOFORM											
CARBON TETRACHLORIDE											
CLOROBENZENE											
CHLORODIBROMO-METHANE											
CHLOROETHANE											
2-CHLORO-ETHYLVINYL ETHER											
CHLOROFORM											
DICHLOROBROMO-METHANE											
1,1-DICHLOROETHANE											
1,2-DICHLOROETHANE											
TRANS-1,2-DICHLORO-ETHYLENE											
1,1-DICHLOROETHYLENE											
1,2-DICHLOROPROPANE											
1,3-DICHLORO-PROPYLENE											
ETHYLBENZENE											
METHYL BROMIDE											
METHYL CHLORIDE											
METHYLENE CHLORIDE									···· · · · · · · · · · · · · · · · · ·		
1,1,2,2-TETRACHLORO-ETHANE											
TETRACHLORO-ETHYLENE											
TOLUENE											

FACILITY NAME AND PERMIT NUMBER:

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)											
POLLUTANT	ħ		JM DAIL	Y	A۱	/ERAGE	DAILY	DISCH			
	Сопс.		Mass	Units	Conc.	Units	Mass	Units	Number of Samples	ANALYTICAL METHOD	ML/ MDL
1,1,1-TRICHLOROETHANE											
1,1,2-TRICHLOROETHANE											
TRICHLORETHYLENE											
VINYL CHLORIDE											
Use this space (or a separate sheet) to	provide in	formatio	n on other	volatile o	rganic cor	npounds	requested	d by the	permit writer.		
ACID-EXTRACTABLE COMPOUNDS	<u> </u>	<u> </u>	L	L	L			I	<u> </u>	L	
P-CHLORO-M-CRESOL											
2-CHLOROPHENOL											
2,4-DICHLOROPHENOL											
2,4-DIMETHYLPHENOL											
4,6-DINITRO-O-CRESOL											
2,4-DINITROPHENOL		,									
2-NITROPHENOL			·								
4-NITROPHENOL											
PENTACHLOROPHENOL											
PHENOL											
2,4,6-TRICHLOROPHENOL											
Use this space (or a separate sheet) to	provide in	formation	on other	acid-extra	actable co	mpounds	requeste	d by the	permit writer.		
BASE-NEUTRAL COMPOUNDS.	L									<u> </u>	L
ACENAPHTHENE											
ACENAPHTHYLENE											
ANTHRACENE											
BENZIDINE											
BENZO(A)ANTHRACENE											
BENZO(A)PYRENE											

FACILITY NAME AND PERMIT NUMBER:

Outfall number: 001					discharging effluent to waters of the United AVERAGE DAILY DISCHARGE				States.)		
POLLUTANT	٨		JM DAIL' HARGE	Y	A۱	/ERAGI	DAILY	DISCH	ARGE		
	Conc.	Units		Units	Conc.	Units	Mass	Units	Number of Samples	ANALYTICAL METHOD	ML/ MDL
3,4 BENZO-FLUORANTHENE							·	,			
BENZO(GHI)PERYLENE											
BENZO(K)FLUORANTHENE											
BIS (2-CHLOROETHOXY) METHANE											
BIS (2-CHLOROETHYL)-ETHER											
BIS (2-CHLOROISO-PROPYL) ETHER											
BIS (2-ETHYLHEXYL) PHTHALATE											
4-BROMOPHENYL PHENYL ETHER											
BUTYL BENZYL PHTHALATE											
2-CHLORONAPHTHALENE											
4-CHLORPHENYL PHENYL ETHER											
CHRYSENE											
DI-N-BUTYL PHTHALATE											
DI-N-OCTYL PHTHALATE											
DIBENZO(A,H) ANTHRACENE											
1,2-DICHLOROBENZENE											
1,3-DICHLOROBENZENE											
1,4-DICHLOROBENZENE											
3,3-DICHLOROBENZIDINE											
DIETHYL PHTHALATE											
DIMETHYL PHTHALATE											
2,4-DINITROTOLUENE											
2,6-DINITROTOLUENE											
1,2-DIPHENYLHYDRAZINE											

FACILITY NAME AND PERMIT NUMBER:

Wilderness WWTP - VA0083411

Form Approved 1/14/99
OMB Number 2040-0086

Outfall number: 001	(Comp	lete on	ce for ea	ch outfal	l dischar	ging efflu	uent to w	aters of	f the United	States.)	
POLLUTANT	1		JM DAIL HARGE	Υ	A\	VERAGI	E DAILY	DISCH	ARGE		
	Conc.	Units		Units	Conc.	Units	Mass	Units	Number of Samples	ANALYTICAL METHOD	ML/ MDL
FLUORANTHENE											
FLUORENE											
HEXACHLOROBENZENE											
HEXACHLOROBUTADIENE											
HEXACHLOROCYCLO- PENTADIENE											
HEXACHLOROETHANE											
INDENO(1,2,3-CD)PYRENE											
ISOPHORONE											
NAPHTHALENE											
NITROBENZENE											
N-NITROSODI-N-PROPYLAMINE											
N-NITROSODI- METHYLAMINE											
N-NITROSODI-PHENYLAMINE											
PHENANTHRENE											
PYRENE											
1,2,4-TRICHLOROBENZENE											
Use this space (or a separate sheet) to	provide in	formatio	n on other	base-neu	itral comp	ounds re	quested b	y the per	mit writer.		
Use this space (or a separate sheet) to	provide in	formation	n on other	pollutant	s (e.g., pe	sticides) ı	requested	by the p	ermit writer.		

END OF PART D.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM
2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBE	R:		Form Approved 1/14/99 OMB Number 2040-0086
Wilderness WWTP - VA0083411			
SUPPLEMENTAL APPLIC	ATION INFORMATION		
PART E. TOXICITY TESTING D	DATA		
two species), or the results from results show no appreciable to not include information on cornical and other appropriate QA/QC. In addition, submit the results test conducted during the passof a toxicity reduction evaluation. If you have already submitted requested in guestion E.4 for	with a design flow rate greater than of FR Part 403); or 3) POTWs required thust include quarterly testing for a 12-br four tests performed at least annuloxicity, and testing for acute and/or chabined sewer overflows in this section CFR Part 136 methods. In addition, the requirements for standard methods for any other whole effluent toxicity test four and one-half years revealed tox on, if one was conducted. any of the information requested in Pereviously submitted information. If E re available that contain all of the information and the information of the information all of the information all of the information and the information all of the information and the information all of the information and the information all of the information.	or equal to 1.0 mgd; 2) POTWs with a by the permitting authority to submit demonth period within the past 1 year usually in the four and one-half years prion ronic toxicity, depending on the rangen. All information reported must be based at must comply with QA/QC required really test from the past four and one-half years from the grant E. Pour need not submit it again. Fight methods were not used, report the remation requested below, they may be	a pretreatment program (or those ata for these parameters. sing multiple species (minimum of r to the application, provided the e of receiving water dilution. Do sed on data collected through uirements of 40 CFR Part 136 Part 136. ars. If a whole effluent toxicity ause of the toxicity or any results that there, provide the information to reasons for using alternate a submitted in place of Part E.
E.1. Required Tests.			
chronicacute E.2. Individual Test Data. Complete the	e following chart for each whole efflue	•	
	Test number:	Test number:	Test number:
a. Test information.			
Test species & test method number			
Age at initiation of test			
Outfall number			
Dates sample collected			
Date test started			
Duration			
b. Give toxicity test methods followed	ed.		
Manual title			
Edition number and year of publication			
Page number(s)	·		
c. Give the sample collection metho	od(s) used. For multiple grab sample	s, indicate the number of grab sample	s used.
24-Hour composite			
Grab			
d. Indicate where the sample was to	aken in relation to disinfection. (Check	k all that apply for each)	

Before disinfection

After disinfection

After dechlorination

FACILITY NAME AND PERMIT NUMBER	R:		Form Approved 1/14/99 OMB Number 2040-0086
Wilderness WWTP - VA0083411			
	Test number:	Test number:	Test number:
e. Describe the point in the treatmen	nt process at which the sample was	collected.	
Sample was collected:			
f. For each test, include whether the	e test was intended to assess chronic	c toxicity, acute toxicity, or both.	
Chronic toxicity			
Acute toxicity			
g. Provide the type of test performed	d.	Annual Control of the	
Static			
Static-renewal			
Flow-through			
h. Source of dilution water. If labora	atory water, specify type; if receiving	water, specify source.	
Laboratory water			
Receiving water			
i. Type of dilution water. It salt wate	r, specify "natural" or type of artificia	I sea salts or brine used.	
Fresh water			
Salt water		W. A.	
j. Give the percentage effluent used	for all concentrations in the test seri	es.	
And Annual State of the Control of t			
All The Control of th			
k. Parameters measured during the	test. (State whether parameter meet	is test method specifications)	
рН			
Salinity			
Temperature			
Ammonia			
Dissolved oxygen			
I. Test Results.			
Acute:			
Percent survival in 100% effluent	%	%	%
LC₅o			
95% C.I.	%	%	%

%

Control percent survival

Other (describe)

%

%

FACILITY NAME AND PERMIT NUMBER Wilderness WWTP - VA0083411	R:		Form Approved 1/14/99 OMB Number 2040-0086
Chronic:			
NOEC	%	%	%
IC ₂₅	%	%	%
Control percent survival	%	%	%
Other (describe)			
m. Quality Control/Quality Assuran	ce.		
Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			
E.4. Summary of Submitted Biomonito cause of toxicity, within the past fou summary of the results.	describe: ring Test Information. If you have		ion, or information regarding the ne permitting authority and a
Summary of results: (see instructional RESULTS SUBMITTED: (2012) 05/29/13, 10/02/13, 02/12/14	2) 04/13/12, 06/29/12, 09/27/12,		

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM
2A YOU MUST COMPLETE.

	ILITY NAME AND PERI			Form Approved 1/14/99 OMB Number 2040-0086
su	PPLEMENTAL	APPLICATION INFORM	ATION	
All ti		AL USER DISCHARGES AN		RCLA WASTES which receive RCRA, CERCLA, or other remedial wastes must
GEI	NERAL INFORMAT	ION:		
F.1.	Pretreatment Program ✓ YesNo	. Does the treatment works have, or	r is it subject to, a	n approved pretreatment program?
F.2.		t Industrial Users (SIUs) and Categ discharge to the treatment works.	gorical Industria	I Users (CIUs). Provide the number of each of the following types
	a. Number of non-catb. Number of CIUs.	egorical SIUs. 0		
SIG	NIFICANT INDUST	RIAL USER INFORMATION:		
Supp	ply the following inform			es to the treatment works, copy questions F.3 through F.8
F.3.	Significant Industrial pages as necessary.	Jser Information. Provide the name	and address of	each SIU discharging to the treatment works. Submit additional
	Name:	na		
	Mailing Address:			
F.4.	Industrial Processes.	Describe all of the industrial process	ses that affect or	contribute to the SIU's discharge.
F.5.	Principal Product(s) a discharge.	nd Raw Material(s). Describe all of	the principal pro	cesses and raw materials that affect or contribute to the SIU's
	Principal product(s):			
	Raw material(s):	<u></u>		
F.6.	Flow Rate.			
		r flow rate. Indicate the average dail hether the discharge is continuous of		ess wastewater discharged into the collection system in gallons
	gr	od (continuous orin	termittent)	
	b. Non-process waste system in gallons p	water flow rate. Indicate the average er day (gpd) and whether the dischar	e daily volume of rge is continuous	non-process wastewater flow discharged into the collection or intermittent.
	gr	od (continuous orin	termittent)	
F.7.	Pretreatment Standard	ls. Indicate whether the SIU is subje	ct to the following	g:
	a Local limits	Vac	Nin	

b. Categorical pretreatment standards _____Yes ____No

If subject to categorical pretreatment standards, which category and subcategory?

FAC	LIT	Y NAME AND PERMIT NUMBER:	Form Approved 1/14/99				
Wilde	erne	ess WWTP - VA0083411			OMB Number 2040-008		
F.8.		oblems at the Treatment Works Attributed to Waste Discharged to sets, interference) at the treatment works in the past three years?	by th	e SIU. Has t	he SIU caused or contributed to any problems (e	e.g.,	
		YesNo If yes, describe each episode.					
	בת.	a					
RCF	A	HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DI	EDIC	ATED PIPI	ELINE:		
F.9.		CRA Waste. Does the treatment works receive or has it in the past those?Yes _✓_No (go to F.12.)	гее у	ears received	d RCRA hazardous waste by truck, rail, or dedica	ated	
F.10.	W	aste Transport. Method by which RCRA waste is received (check a	ll thai	t apply):			
		TruckRailDedicated Pipe					
F.11.		aste Description. Give EPA hazardous waste number and amount (PA Hazardous Waste Number Amount	(volu	me or mass, s	specify units). Units		
	-1	71 fazardous veste Number			<u>Onic</u>		
				•			

	_						
		A (SUPERFUND) WASTEWATER, RCRA REMEDIATION/C N WASTEWATER, AND OTHER REMEDIAL ACTIVITY WAS					
F.12.	Re	emediation Waste. Does the treatment works currently (or has it bee	en no	tified that it w	vill) receive waste from remedial activities?		
		Yes (complete F.13 through F.15.)N	10				
	P	rovide a list of sites and the requested information (F.13 - F.15.) for ea	ach c	urrent and fu	ture site.		
F.13.	W	aste Origin. Describe the site and type of facility at which the CERC the next five years).	LA/R	CRA/or other	remedial waste originates (or is expected to orig	ginate	
F.14.		ollutants. List the hazardous constituents that are received (or are expown. (Attach additional sheets if necessary).	xpect	ed to be rece	ived). Include data on volume and concentration	n, if	
			-				
F.15.	W	aste Treatment.					
	a.	Is this waste treated (or will it be treated) prior to entering the treatm	nent v	vorks?			
		YesNo					
		If yes, describe the treatment (provide information about the remova	al effi	ciency):			
	b.	Is the discharge (or will the discharge be) continuous or intermittent'	?				
				scribe discha	arge schedule.		

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM
2A YOU MUST COMPLETE

EPA Form 3510-2A (Rev. 1-99). Replaces EPA forms 7550-6 & 7550-22.



218 North Main St. ♦ P.O. Box 520 ♦ Culpeper, Virginia 22701 ♦ Tel: (540) 825-6660 ♦ Fax (540) 825-4961 ♦ www.ess-services.com

Analytical Report

Rapidan Service Authority Wilderness P. O. Box 148 Ruckersville, VA 22968

Report Date:

07/14/2015

Report #

3487

Job #:

Customer #:

2984W

Customer PO #:

Collected By:

ESS Employee

Sample Location: Wilderness - Expanded Effluent

The test results submitted in this report relate only to the samples submitted and as received by Environmental Systems Service, Ltd (ESS).

ESS assumes no responsibility, express or implied, as to the interpretation of the analytical results contained in this report.

The signature on the final report certifies that these results conform to all applicable NELAC standards unless otherwise noted.

This laboratory report may not be reproduced, except in full, without the written approval of ESS.

If you have received this report in error, please notify ESS immediately at (540) 825-6660.

Approved by:

A. Woodward/Technical Director

Angie Woodward

Reviewers Initials





Analytical Report

Report Date:

07/14/2015

Report #:

3487

Job #:

Customer#:

2984W

Customer PO#:

Collected By:

ESS Employee

Sample Location: Wilderness - Expanded Effluent

Sample ID#: Sample Date/Time: 0053046

06/23/2015 / 11:20

Sample Source: Date Received:

Outfall 001

06/23/2015

Parameter	Results	Unit	Report Limit	Method	Analysis Date	Time	INIT
Total Cyanide	< 0.005	mg/l	0.005	EPA 335.4	06/25/2015	13:09	013
Phenols, Total	< 0.02	mg/l	0.02	EPA 420.4	06/29/2015	15:46	013
Total Hardness as CaCO3	188	mg/l	0.0500	EPA 200.7	06/26/2015	08:55	574
Antimony, Total Recoverable	< 0.0100	mg/l	0.0100	EPA 200.8	06/26/2015	10:25	574
Arsenic, Total Recoverable	< 0.0100	mg/l	0.0100	EPA 200.8	06/26/2015	10:25	574 574
Beryllium, Total Recoverable	< 0.00100	mg/l	0.00100	EPA 200.8	06/26/2015	10:25	574 574
Cadmium, Total Recoverable	< 0.00250	mg/l	0.00250	EPA 200.8	06/26/2015	10:25	574
Chromium, Total Recoverable	< 0.00500	mg/l	0.00500	EPA 200.8	06/26/2015	10:25	574
Copper, Total Recoverable	< 0.00500	mg/l	0.00500	EPA 200.8	06/26/2015	10:25	574
Lead, Total Recoverable	< 0.00500	mg/l	0.00500	EPA 200.8	06/26/2015	10:25	574 574
Mercury, Total Recoverable	< 0.000200	mg/l	0.000200	EPA 245.2	06/29/2015	17:10	574 574
Nickel, Total Recoverable	< 0.0100	mg/l	0.0100	EPA 200.8	06/26/2015	10:25	574 574
Selenium, Total Recoverable	< 0.0100	mg/l	0.0100	EPA 200.8	06/26/2015	10:25	574 574
Silver, Total Recoverable	< 0.00500	mg/l	0.00500	EPA 200.8	06/26/2015	10:25	574 574
Thallium, Total Recoverable	< 0.00400	mg/l	0.00400	EPA 200.8	06/26/2015	10:25	574 574
Zinc, Total Recoverable	0.0355	mg/l	0.0100	EPA 200.8	06/26/2015	10:25	574 574
624 Volatiles		J			OOIZOIZO 13	10.23	3/4
Acrolein	< 0.0100	mg/L	0.0100	EPA 624	07/07/2015	13:49	574
Acrylonitrile	< 0.0100	mg/l	0.0100	EPA 624	07/07/2015	13:49	574 574
Benzene	< 0.00200	mg/L	0.00200	EPA 624	07/07/2015	13:49	574
Dichlorobromomethane	0.00556	mg/L	0.00200	EPA 624	07/07/2015	13:49	574
Bromoform	< 0.00200	mg/L	0.00200	EPA 624		13:49	574
Bromomethane	< 0.00500	mg/L	0.00500	EPA 624		13:49	574
Carbon Tetrachloride	< 0.00200	mg/L	0.00200	EPA 624		13:49	
Chlorobenzene	< 0.00200	mg/L	0.00200	EPA 624		13:49	574 574
Chlorodibromomethane	< 0.00200	mg/L	0.00200	EPA 624		13:49	
Chloroethane	< 0.00500	mg/L	0.00500	EPA 624		13:49	574
2-Chloroethylvinylether	< 0.0200	mg/L	0.0200	EPA 624		13:49	574 574
Chloroform	0.0310	mg/L	0.0020	EPA 624			
Chloromethane	< 0.00500	mg/L	0.00500	EPA 624		13:49	574
1,2-Dichlorobenzene	< 0.00200	mg/L	0.00200	EPA 624		13:49	574
1,3-Dichlorobenzene	< 0.00200	mg/L	0.00200	EPA 624		13:49	574 574
			0.00200	L. AULT	07/07/2015	13:49	574





Analytical Report

Report Date:

07/14/2015

Report #:

3487

Job#:

Customer #:

2984W

Customer PO#:

Collected By:

ESS Employee

Sample Location: Wilderness - Expanded Effluent

Sample ID#: Sample Date/Time: 0053046

06/23/2015 / 11:20

Sample Source: Date Received:

Outfall 001

06/23/2015

³ arameter	Results	Unit	Report Limit	Method	Analysis Date	Time	INIT
1,4-Dichlorobenzene	< 0.00200	mg/L	0.00200	EPA 624	07/07/2015	13:49	574
1,1-Dichloroethane	< 0.00200	mg/L	0.00200	EPA 624	07/07/2015	13:49	574
1,2-Dichloroethane	< 0.00200	mg/L	0.00200	EPA 624	07/07/2015	13:49	574
I,1-Dichloroethene	< 0.00200	mg/L	0.00200	EPA 624	07/07/2015	13:49	574 574
rans-1,2-Dichloroethene	< 0.00200	mg/L	0.00200	EPA 624	07/07/2015	13:49	574 574
,2-Dichloropropane	< 0.00200	mg/L	0.00200	EPA 624	07/07/2015	13:49	574 574
is-1,3-Dichloropropene	< 0.00200	mg/L	0.00200	EPA 624	07/07/2015	13:49	574 574
rans-1,3-Dichloropropene	< 0.00200	mg/L	0.00200	EPA 624	07/07/2015	13:49	
Ethylbenzene	< 0.00200	mg/L	0.00200	EPA 624	07/07/2015	13:49	574
/lethylene Chloride	< 0.00500	mg/L	0.00500	EPA 624	07/07/2015	13:49	574 574
,1,2,2-Tetrachloroethane	< 0.00200	mg/L	0.00200	EPA 624	07/07/2015	· -	574
etrachloroethene	< 0.00200	mg/L	0.00200	EPA 624	07/07/2015	13:49 13:49	574 574
oluene	< 0.00200	mg/L	0.00200	EPA 624	07/07/2015	13:49	574
,1,1-Trichloroethane	< 0.00200	mg/L	0.00200	EPA 624	07/07/2015		574
,1,2-Trichtoroethane	< 0.00200	mg/L	0.00200	EPA 624	07/07/2015	13:49	574
richloroethene	< 0.00200	mg/L	0.00200	EPA 624	07/07/2015	13:49	574
richlorofluoromethane	< 0.00200	mg/L	0.00200	EPA 624		13:49	574
inyl Chloride	< 0.00200	mg/L	0.00200	EPA 624	07/07/2015	13:49	574
625 Semi-Volatiles			0.00200	L: 71024	07/07/2015	13:49	574
cenaphthene	< 0.0100	mg/L	0.0100	EPA 625	00/00/0046	40.05	~~.
cenaphthylene	< 0.0100	mg/L	0.0100	EPA 625	06/26/2015	12:25	574
nthracene	< 0.0100	mg/L	0.0100	EPA 625	06/26/2015	12:25	574
enzidine	< 0.0200	mg/L	0.0200	EPA 625		12:25	574
∋nzo(a)anthracene	< 0.0100	mg/L	0.0100	EPA 625		12:25	574
∋⊓zo(a)pyrene	< 0.0100	mg/L	0.0100	EPA 625		12:25	574
enzo(b)fluoranthene	< 0.0100	mg/L	0.0100			12:25	574
nzo(ghi)perylene	< 0.0100	mg/L	0.0100	EPA 625		12:25	574
nzo(k)fluoranthene	< 0.0100	mg/L	0.0100	EPA 625		12:25	574
Bromophenyl phenyl ether	< 0.0100	mg/L	0.0100	EPA 625		12:25	574
itylbenzyl Phthalate	< 0.0100	-		EPA 625		12:25	574
Chloro-3-methylphenol	< 0.0100	mg/L	0.0100	EPA 625		12:25	574
(2-Chloroethoxy)methane	< 0.0100	mg/L	0.0100	EPA 625		12:25	574
,	- 0.0100	mg/L	0.0100	EPA 625	06/26/2015	12:25	574





Analytical Report

Report Date:

07/14/2015

Report #:

3487

Job#:

Customer #:

2984W

Customer PO #:

Collected By:

ESS Employee

Sample Location: Wilderness - Expanded Effluent

Sample ID#: Sample Date/Time: 0053046

06/23/2015 / 11:20

Sample Source: Date Received:

Outfall 001

06/23/2015

			butti i tootii cu.	OUIZUIZUIU			
Parameter	Results	Unit	Report Limit	Method	Analysis Date	Time	INIT
Bis(2-Chloroethyl)ether	< 0.0100	mg/L	0.0100	EPA 625	06/26/2015	12:25	574
Bis(2-Chloroisopropyl)ether	< 0.0100	mg/L	0.0100	EPA 625	06/26/2015	12:25	574
2-Chloronaphthalene	< 0.0100	mg/L	0.0100	EPA 625	06/26/2015	12:25	574
2-Chlorophenol	< 0.0100	mg/L	0.0100	EPA 625	06/26/2015	12:25	574
4-Chlorophenyl phenyl ether	< 0.0100	mg/L	0.0100	EPA 625	06/26/2015	12:25	574
Chrysene	< 0.0100	mg/L	0.0100	EPA 625	06/26/2015	12:25	574
Di-n-butyl Phthalate	< 0.0100	mg/L	0.0100	EPA 625	06/26/2015	12:25	574
Di-n-octyl Phthalate	< 0.0100	mg/L	0.0100	EPA 625	06/26/2015	12:25	574
Dibenzo(a,h)anthracene	< 0.0100	mg/L	0.0100	EPA 625	06/26/2015	12:25	574
3,3-Dichlorobenzidine	< 0.0100	mg/L	0.0100	EPA 625	06/26/2015	12:25	574
2,4-Dichlorophenol	< 0.0100	mg/L	0.0100	EPA 625	06/26/2015	12:25	574
Diethyl Phthalate	< 0.0100	mg/L	0.0100	EPA 625	06/26/2015	12:25	574
2,4-Dimethylphenol	< 0.0100	mg/L	0.0100	EPA 625	06/26/2015	12:25	574
Dimethyl Phthalate	< 0.0100	mg/L	0.0100	EPA 625	06/26/2015	12:25	574
2,4-Dinitrophenol	< 0.0200	mg/L	0.0200	EPA 625	06/26/2015	12:25	574
2,4-Dinitrotoluene	< 0.0100	mg/L	0.0100	EPA 625	06/26/2015	12:25	574
2,6-Dinitrotoluene	< 0.0100	mg/L	0.0100	EPA 625	06/26/2015	12:25	574
1,2-Diphenylhydrazine	< 0.0100	mg/L	0.0100	EPA 625	06/26/2015	12:25	574
Bis(2-Ethylhexyl)Phthalate	< 0.0100	mg/L	0.0100	EPA 625	06/26/2015	12:25	574
Fluoranthene	< 0.0100	mg/L	0.0100	EPA 625	06/26/2015	12:25	574
Fluorene	< 0.0100	mg/L	0.0100	EPA 625	06/26/2015	12:25	574
Hexachlorobenzene	< 0.0100	mg/L	0.0100	EPA 625	06/26/2015	12:25	574
Hexachlorobutadiene	< 0.0100	mg/L	0.0100	EPA 625	06/26/2015	12:25	574
Hexachlorocyclopentadiene	< 0.0100	mg/L	0.0100	EPA 625	06/26/2015	12:25	574
Hexachloroethane	< 0.0100	mg/L	0.0100	EPA 625	06/26/2015	12:25	574
ndeno(1,2,3-cd)pyrene	< 0.0100	mg/L	0.0100	EPA 625	06/26/2015	12:25	574
sophorone	< 0.0100	mg/L	0.0100	EPA 625	06/26/2015	12:25	574
4,6-Dinitro-o-cresol	< 0.0100	mg/L	0.0100	EPA 625	06/26/2015	12:25	574
Naphthalene	< 0.0100	mg/L	0.0100	EPA 625	06/26/2015	12:25	574
Nitrobenzene	< 0.0100	mg/L	0.0100	EPA 625	06/26/2015	12:25	574
2-Nitrophenol	< 0.0100	mg/L	0.0100	EPA 625	06/26/2015	12:25	574
4-Nitrophenol	< 0.0100	mg/L	0.0100	EPA 625	06/26/2015	12:25	574
		-					





Report Date:

07/14/2015

Report #:

3487

Job #:

Customer#:

2984W

Customer PO #:

Collected By:

ESS Employee

Sample Location: Wilderness - Expanded Effluent

Sample ID#: Sample Date/Time: 0053046

Rapidan Service Authority

Ruckersville, VA 22968

Wilderness

P. O. Box 148

06/23/2015 / 11:20

Sample Source:

Outfall 001 Date Received:

06/23/2015

Parameter	Results	Unit	Report Limit	Method	Analysis Date	Time	INIT
N-nitrosodimethylamine	< 0.0100	mg/L	0.0100	EPA 625	06/26/2015	12:25	574
N-nitrosodi-n-propylamine	< 0.0100	mg/L	0.0100	EPA 625	06/26/2015	12:25	574
V-nitrosodiphenylamine	< 0.0100	mg/L	0.0100	EPA 625	06/26/2015	12:25	574
^o entachlorophenol	< 0.0100	mg/L	0.0100	EPA 625	06/26/2015	12:25	574
³ henanthrene	< 0.0100	mg/L	0.0100	EPA 625	06/26/2015	12:25	574
Phenol	< 0.0100	mg/L	0.0100	EPA 625	06/26/2015	12:25	574
^э угепе	< 0.0100	mg/L	0.0100	EPA 625	06/26/2015	12:25	574
,2,4-Trichlorobenzene	< 0.0100	mg/L	0.0100	EPA 625	06/26/2015	12:25	574
!,4,6-Trichlorophenol	< 0.0100	mg/L	0.0100	EPA 625	06/26/2015	12:25	574

574 Samples subcontracted to VELAP ID# 460160

013 Samples subcontracted to VELAP ID# 460013



218 North Main St. ♦ P.O. Box 520 ♦ Culpeper, Virginia 22701 ♦ Tel: (540) 825-6660 ♦ Fax (540) 825-4961 ♦ www.ess-services.com

Analytical Report

Rapidan Service Authority Wilderness P. O. Box 148 Ruckersville, VA 22968 Report Date:

08/28/2015

Report #

4346

Job #:

Customer #:

2984W

Customer PO #:

Collected By:

ESS Employee

Sample Location: Wilderness - Expanded Effluent

The test results submitted in this report relate only to the samples submitted and as received by Environmental Systems Service, Ltd (ESS).

ESS assumes no responsibility, express or implied, as to the interpretation of the analytical results contained in this report.

The signature on the final report certifies that these results conform to all applicable NELAC standards unless otherwise noted.

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If you have received this report in error, please notify ESS immediately at (540) 825-6660.

Approved by:

A. Woodward/Technical Director

Angie Woodward

Reviewers Initials And







Rapidan Service Authority Wilderness P. O. Box 148 Ruckersville, VA 22968

Report Date:

08/28/2015

Report #:

4346

Job#:

Customer #:

2984W

Customer PO#:

Collected By:

ESS Employee

Sample Location: Wilderness - Expanded Effluent

Sample ID#: Sample Date/Time: 0055137

08/04/2015 / 14:10

Sample Source: Date Received:

Outfall 001

08/04/2015

'arameter	Results	Unit	Report Limit	Method	Analysis Date	Time	INIT
Fotal Cyanide	< 0.005	mg/l	0.005	EPA 335.4	08/10/2015	13:16	013
⊃henois, Total	< 0.02	mg/i	0.02	EPA 420.4	08/07/2015	16:02	013
lotal Hardness as CaCO3	180	mg/l	0.0500	EPA 200.7	08/11/2015	09:53	574
Antimony, Total Recoverable	< 0.0100	mg/l	0.0100	EPA 200.8	08/11/2015	15:18	574
Arsenic, Total Recoverable	< 0.0100	mg/l	0.0100	EPA 200.8	08/11/2015	15:18	574
3eryllium, Total Recoverable	< 0.00100	mg/l	0.00100	EPA 200.8	08/11/2015	15:18	574
Cadmium, Total Recoverable	< 0.00250	mg/l	0.00250	EPA 200.8	08/11/2015	15:18	574
Chromium, Total Recoverable	< 0.00500	mg/l	0.00500	EPA 200.8	08/11/2015	15:18	574
Copper, Total Recoverable	< 0.00500	mg/l	0.00500	EPA 200.8	08/11/2015	15:18	574
_ead, Total Recoverable	< 0.00500	mg/l	0.00500	EPA 200.8	08/11/2015	15:18	574
Mercury, Total Recoverable	< 0.000200	mg/l	0.000200	EPA 245.2	08/13/2015	11:55	574
Nickel, Total Recoverable	< 0.0100	mg/l	0.0100	EPA 200.8	08/11/2015	15:18	574
Selenium, Total Recoverable	< 0.0100	mg/l	0.0100	EPA 200.8	08/11/2015	15:18	574
Silver, Total Recoverable	< 0.00500	mg/l	0.00500	EPA 200.8	08/11/2015	15:18	574
fhallium, Total Recoverable	< 0.00400	mg/l	0.00400	EPA 200.8	08/11/2015	15:18	574
Zinc, Total Recoverable	0.0425	mg/l	0.0100	EPA 200.8	08/11/2015	15:18	574
624 Volatiles							
∖crolein	< 0.0100	mg/l	0.0100	EPA 625	08/10/2015	15:44	574
Acrylonitrile	< 0.00500	mg/i	0.00500	EPA 625	08/10/2015	15:44	574
3enzene	< 0.00200	mg/l	0.00200	EPA 625	08/10/2015	15:44	574
Dichlorobromomethane	0.00658	mg/l	0.00200	EPA 625	08/10/2015	15:44	574
3romoform	< 0.00200	mg/l	0.00200	EPA 625	08/10/2015	15:44	574
3romomethane	< 0.00500	mg/l	0.00500	EPA 625	08/10/2015	15:44	574
Carbon Tetrachloride	< 0.00200	mg/l	0.00200	EPA 625	08/10/2015	15:44	574
Chlorobenzene	< 0.00200	mg/l	0.00200	EPA 625	08/10/2015	15:44	574
Chlorodibromomethane	< 0.00200	mg/l	0.00200	EPA 625	08/10/2015	15:44	574
Chloroethane	< 0.00500	mg/l	0.00500	EPA 625	08/10/2015	15:44	574
!-Chloroethylvinylether	< 0.0200	mg/l	0.0200	EPA 625	08/10/2015	15:44	574
Chloroform	0.0529	mg/l	0.00200	EPA 625	08/10/2015	15:44	574
Chloromethane	< 0.00500	mg/l	0.00500	EPA 625	08/10/2015	15:44	574
,2-Dichlorobenzene	< 0.00200	mg/l	0.00200	EPA 625	08/10/2015	15:44	574
,3-Dichlorobenzene	< 0.00200	mg/l	0.00200	EPA 625	08/10/2015	15:44	574





Report Date:

08/28/2015

Report #:

4346

Job #:

Customer #:

2984W

Customer PO #:

Collected By:

ESS Employee

Sample Location: Wilderness - Expanded Effluent

Sample ID#: Sample Date/Time:

0055137

08/04/2015 / 14:10

Rapidan Service Authority

Ruckersville, VA 22968

Wilderness

P. O. Box 148

Sample Source: Date Received:

Outfall 001

08/04/2015

arameter	Results	Unit	Report Limit	Method	Analysis Date	Time	INIT
4-Dichlorobenzene	< 0.00200	mg/l	0.00200	EPA 625	08/10/2015	15:44	574
1-Dichloroethane	< 0.00200	mg/l	0.00200	EPA 625	08/10/2015	15:44	574
2-Dichloroethane	< 0.00200	mg/l	0.00200	EPA 625	08/10/2015	15:44	574
1-Dichloroethene	< 0.00200	mg/l	0.00200	EPA 625	08/10/2015	15:44	574
ns-1,2-Dichloroethene	< 0.00200	mg/l	0.00200	EPA 625	08/10/2015	15:44	574
2-Dichloropropane	< 0.00200	mg/l	0.00200	EPA 625	08/10/2015	15:44	574
s-1,3-Dichloropropene	< 0.00200	mg/l	0.00200	EPA 625	08/10/2015	15:44	574
ıns-1,3-Dichloropropene	< 0.00200	mg/l	0.00200	EPA 625	08/10/2015	15:44	574
hylbenzene	< 0.00200	mg/l	0.00200	EPA 625	08/10/2015	15:44	574
ethylene Chloride	< 0.00500	mg/l	0.00500	EPA 625	08/10/2015	15:44	574
1,2,2-Tetrachloroethane	< 0.00200	mg/l	0.00200	EPA 625	08/10/2015	15:44	574
trachloroethene	< 0.00200	mg/l	0.00200	EPA 625	08/10/2015	15:44	574
luene	< 0.00200	mg/l	0.00200	EPA 625	08/10/2015	15:44	574
1,1-Trichloroethane	< 0.00200	mg/l	0.00200	EPA 625	08/10/2015	15:44	574
1,2-Trichloroethane	< 0.00200	mg/l	0.00200	EPA 625	08/10/2015	15:44	574
chloroethene	< 0.00200	mg/l	0.00200	EPA 625	08/10/2015	15:44	574
chlorofluoromethane	< 0.00200	mg/l	0.00200	EPA 625	08/10/2015	15:44	574
nyl Chloride	< 0.00200	mg/l	0.00200	EPA 625	08/10/2015	15:44	574
325 Semi-Volatiles							
enaphthene	< 0.0100	mg/l	0.0100	EPA 625	08/11/2015	13:13	574
enaphthylene	< 0.0100	mg/l	0.0100	EPA 625	08/11/2015	13:13	574
thracene	< 0.0100	mg/l	0.0100	EPA 625	08/11/2015	13:13	574
nzidine	< 0.0200	mg/l	0.0200	EPA 625	08/11/2015	13:13	574
пzo(a)anthracene	< 0.0100	mg/l	0.0100	EPA 625	08/11/2015	13:13	574
nzo(a)pyrene	< 0.0100	mg/l	0.0100	EPA 625	08/11/2015	13:13	574
nzo(b)fluoranthene	< 0.0100	mg/i	0.0100	EPA 625	08/11/2015	13:13	574
nzo(ghi)perylene	< 0.0100	mg/l	0.0100	EPA 625	08/11/2015	13:13	574
nzo(k)fluoranthene	< 0.0100	mg/i	0.0100	EPA 625	08/11/2015	13:13	574
3romophenyl phenyl ether	< 0.0100	mg/l	0.0100	EPA 625	08/11/2015	13:13	574
tylbenzyl Phthalate	< 0.0100	mg/l	0.0100	EPA 625	08/11/2015	13:13	574
hloro-3-methylphenol	< 0.0100	mg/l	0.0100	EPA 625	08/11/2015	13:13	574
(2-Chloroethoxy)methane	< 0.0100	mg/l	0.0100	EPA 625	08/11/2015	13:13	574





Rapidan Service Authority Wilderness P. O. Box 148 Ruckersville, VA 22968

Report Date:

08/28/2015

Report #:

4346

Job#:

Customer #:

2984W

Customer PO#:

Collected By:

ESS Employee

Sample Location: Wilderness - Expanded Effluent

Sample ID#: Sample Date/Time: 0055137

Sample Source: 08/04/2015 / 14:10 **Date Received:**

Outfall 001

08/04/2015

Parameter	Results	Unit	Report Limit	Method	Analysis Date	Time	INIT
Bis(2-Chloroethyl)ether	< 0.0100	mg/l	0.0100	EPA 625	08/11/2015	13:13	574
Bis(2-Chloroisopropyl)ether	< 0.0100	mg/l	0.0100	EPA 625	08/11/2015	13:13	574
2-Chloronaphthalene	< 0.0100	mg/l	0.0100	EPA 625	08/11/2015	13:13	574
2-Chlorophenol	< 0.0100	mg/l	0.0100	EPA 625	08/11/2015	13:13	574
4-Chlorophenyl phenyl ether	< 0.0100	mg/l	0.0100	EPA 625	08/11/2015	13:13	574
Chrysene	< 0.0100	mg/l	0.0100	EPA 625	08/11/2015	13:13	574
Di-n-butyl Phthalate	< 0.0100	mg/l	0.0100	EPA 625	08/11/2015	13:13	574
Di-n-octyl Phthalate	< 0.0100	mg/i	0.0100	EPA 625	08/11/2015	13:13	574
Dibenzo(a,h)anthracene	< 0.0100	mg/l	0.0100	EPA 625	08/11/2015	13:13	574
3,3-Dichlorobenzidine	< 0.0100	mg/l	0.0100	EPA 625	08/11/2015	13:13	574
2.4-Dichlorophenol	< 0.0100	mg/l	0.0100	EPA 625	08/11/2015	13:13	574
Diethyl Phthalate	< 0.0100	mg/l	0.0100	EPA 625	08/11/2015	13:13	574
2,4-Dimethylphenol	< 0.0100	mg/l	0.0100	EPA 625	08/11/2015	13:13	574
Dimethyl Phthalate	< 0.0100	mg/l	0.0100	EPA 625	08/11/2015	13:13	574
2,4-Dinitrophenol	< 0.0200	mg/l	0.0200	EPA 625	08/11/2015	13:13	574
2,4-Dinitrotoluene	< 0.0100	mg/l	0.0100	EPA 625	08/11/2015	13:13	574
2,6-Dinitrotoluene	< 0.0100	mg/l	0.0100	EPA 625	08/11/2015	13:13	574
1.2-Diphenylhydrazine	< 0.0100	mg/l	0.0100	EPA 625	08/11/2015	13:13	574
Bis(2-Ethylhexyl)Phthalate	< 0.0100	mg/l	0.0100	EPA 625	08/11/2015	13:13	574
Fluoranthene	< 0.0100	mg/l	0.0100	EPA 625	08/11/2015	13:13	574
Fluorene	< 0.0100	mg/l	0.0100	EPA 625	08/11/2015	13:13	574
Hexachlorobenzene	< 0.0100	mg/l	0.0100	EPA 625	08/11/2015	13:13	574
Hexachlorobutadiene	< 0.0100	mg/l	0.0100	EPA 625	08/11/2015	13:13	574
Hexachlorocyclopentadiene	< 0.0100	mg/l	0.0100	EPA 625	08/11/2015	13:13	574
Hexachloroethane	< 0.0100	mg/l	0.0100	EPA 625	08/11/2015	13:13	574
Indeno(1,2,3-cd)pyrene	< 0.0100	mg/l	0.0100	EPA 625	08/11/2015	13:13	574
Isophorone	< 0.0100	mg/l	0.0100	EPA 625	08/11/2015	13:13	574
4,6-Dinitro-o-cresol	< 0.0100	mg/l	0.0100	EPA 625	08/11/2015	13:13	574
Naphthalene	< 0.0100	mg/l	0.0100	EPA 625	08/11/2015	13:13	574
Nitrobenzene	< 0.0100	mg/l	0.0100	EPA 625	08/11/2015	13:13	574
2-Nitrophenol	< 0.0100	mg/l	0.0100	EPA 625	08/11/2015	13:13	574
4-Nitrophenol	< 0.0100	mg/l	0.0100	EPA 625	08/11/2015	13:13	574





Rapidan Service Authority

Wilderness P. O. Box 148

Ruckersville, VA 22968

Report Date:

08/28/2015

Report #:

4346

Job#:

Customer #:

2984W

Customer PO #.

Collected By:

ESS Employee

Sample Location: Wilderness - Expanded Effluent

Sample ID#: Sample Date/Time:

0055137

08/04/2015 / 14:10

Sample Source: Date Received:

Outfall 001

08/04/2015

arameter	Results	Unit	Report Limit	Method	Analysis Date	Time	INIT
-nitrosodimethylamine	< 0.0100	mg/l	0.0100	EPA 625	08/11/2015	13:13	574
-nitrosodi-n-propylamine	< 0.0100	mg/l	0.0100	EPA 625	08/11/2015	13:13	574
-nitrosodiphenylamine	< 0.0100	mg/l	0.0100	EPA 625	08/11/2015	13:13	574
entachlorophenol	< 0.0100	mg/l	0.0100	EPA 625	08/11/2015	13:13	574
henanthrene	< 0.0100	mg/l	0.0100	EPA 625	08/11/2015	13:13	574
henol	< 0.0100	mg/l	0.0100	EPA 625	08/11/2015	13:13	574
yrene	< 0.0100	mg/l	0.0100	EPA 625	08/11/2015	13:13	574
2,4-Trichlorobenzene	< 0.0100	mg/l	0.0100	EPA 625	08/11/2015	13:13	574
4,6-Trichlorophenol	< 0.0100	mg/l	0.0100	EPA 625	08/11/2015	13:13	574
3,7,8-Tetrachlorodibenzodiox	< 0.0100	mg/l	0.0100	EPA 625	08/11/2015	13:13	574

574 Samples subcontracted to VELAP ID# 460160

013 Samples subcontracted to VELAP ID# 460013



218 North Main St. ♦ P.O. Box 520 ♦ Culpeper, Virginia 22701 ♦ Tel: (540) 825-6660 ♦ Fax (540) 825-4961 ♦ www.ess-services.com

Rapidan Service Authority Wilderness P. O. Box 148 Ruckersville, VA 22968

Revised Analytical Report

Report Date:

01/15/2016

Report #

6280

Job #:

0004691

Customer #:

2984W

Customer PO #:

Collected By:

ESS Employee

Sample Location: Wilderness - Expanded Effluent

The test results submitted in this report relate only to the samples submitted and as received by Environmental Systems Service, Ltd (ESS).

ESS assumes no responsibility, express or implied, as to the interpretation of the analytical results contained in this report.

The signature on the final report certifies that these results conform to all applicable NELAC standards unless otherwise noted.

This laboratory report may not be reproduced, except in full, without the written approval of ESS.

If you have received this report in error, please notify ESS immediately at (540) 825-6660.

Approved by:

A. Woodward/Technical Director

Angie Woodward

Reviewers Initials





Revised Analytical Report

Report Date:

01/15/2016

Report #:

6280

Job #:

0004691

Customer #:

2984W

Customer PO#:

Collected By:

ESS Employee

Sample Location: Wilderness - Expanded Effluent

Sample ID#: Sample Date/Time:

59420R

10/29/2015 / 14:01

Sample Source:

Date Received:

Outfall 001

10/29/2015

Parameter	F	lesults	Unit	Report Limit	Method	Analysis Date	Time	INIT
Total Cyanide	<	0.005	mg/l	0.005	EPA 335.4	11/04/2015	08:57	013
Phenols, Total	<	0.02	mg/l	0.02	EPA 420.4	11/04/2015	15:17	013
Total Hardness as CaCO3		210	mg/l	0.0500	EPA 200.7	11/06/2015	09:21	574
Antimony, Total Recoverable	<	0.0100	mg/l	0.0100	EPA 200.8	11/05/2015	08:47	574
Arsenic, Total Recoverable	<	0.0100	mg/l	0.0100	EPA 200.8	11/05/2015	08:47	574
Beryllium, Total Recoverable	<	0.00100	mg/l	0.00100	EPA 200.8	11/05/2015	08:47	574
Cadmium, Total Recoverable	<	0.00250	mg/l	0.00250	EPA 200.8	11/05/2015	08:47	574
Chromium, Total Recoverable	<	0.00500	mg/l	0.00500	EPA 200.8	11/05/2015	08:47	574
Copper, Total Recoverable		0.00523	mg/l	0.00500	EPA 200.8	11/05/2015	08:47	574
Lead, Total Recoverable	<	0.00500	mg/l	0.00500	EPA 200.8	11/05/2015	08:47	574
Mercury, Total Recoverable	<	0.000200	mg/l	0.000200	EPA 245.2	11/06/2015	13:46	574
Nickel, Total Recoverable	<	0.0100	mg/l	0.0100	EPA 200.8	11/05/2015	08:47	574
Selenium, Total Recoverable	<	0.0100	mg/l	0.0100	EPA 200.8	11/05/2015	08:47	574
Silver, Total Recoverable	<	0.00500	mg/l	0.00500	EPA 200.8	11/05/2015	08:47	574
Thallium, Total Recoverable	<	0.00400	mg/l	0.00400	EPA 200.8	11/05/2015	08:47	574
Zinc, Total Recoverable		0.0487	mg/l	0.0100	EPA 200.8	11/05/2015	08:47	574
624 Volatiles								
1,1,1-Trichloroethane	<	0.00200	mg/i	0.00200	EPA 624	11/04/2015	12:00	574
1,1,2,2-Tetrachloroethane	<	0.00200	mg/l	0.00200	EPA 624	11/04/2015	12:00	574
1,1,2-Trichloroethane	<	0.00200	mg/l	0.00200	EPA 624	11/04/2015	12.00	574
1,1-Dichloroethane	<	0.00200	mg/l	0.00200	EPA 624	11/04/2015	12:00	574
1,1-Dichloroethene	<	0.00200	mg/l	0.00200	EPA 624	11/04/2015	12:00	574
1,2-Dichlorobenzene	<	0.00200	mg/l	0.00200	EPA 624	11/04/2015	12:00	574
1,2-Dichloroethane	<	0.00200	mg/l	0.00200	EPA 624	11/04/2015	12:00	574
1,2-Dichloropropane	<	0.00200	mg/l	0.00200	EPA 624	11/04/2015	12:00	574
1,3-Dichlorobenzene	<	0.00200	mg/l	0.00200	EPA 624		12:00	574
1,4-Dichlorobenzene	<	0.00200	mg/l	0.00200	EPA 624		12:00	574
2-Chloroethylvinylether	<	0.0100	mg/l	0.0100	EPA 624		12:00	574
Acrolein	<	0.0100	mg/l	0.0100	EPA 624		12:00	574
Acrylonitrile	<	0.00500	mg/l	0.00500	EPA 624		12:00	574
Benzene	<	0.00200	mg/l	0.00200	EPA 624		12:00	574
Dichlorobromomethane		0.00519	mg/l	0.00200	EPA 624	· · · · · · · · · · · · · · · · · · ·	12:00	574





Revised Analytical Report

Report Date:

01/15/2016

Report #:

6280

Job#:

0004691

Customer #:

2984W

Customer PO #:

Collected By:

ESS Employee

Sample Location: Wilderness - Expanded Effluent

Sample ID#: Sample Date/Time: 59420R

10/29/2015 / 14:01

Sample Source: Date Received:

Outfall 001

10/29/2015

Parameter	Results	Unit	Report Limit	Wethod	Analysis Date	Time	INIT
Bromoform	< 0.00200	mg/l	0.00200	EPA 624	11/04/2015	12:00	574
Bromomethane	< 0.00500	mg/l	0.00500	EPA 624	11/04/2015	12:00	574
Carbon Tetrachloride	< 0.00200	mg/l	0.00200	EPA 624	11/04/2015	12:00	574
Chlorobenzene	< 0.00200	mg/l	0.00200	EPA 624	11/04/2015	12:00	574
Chloroethane	< 0.00500	mg/l	0.00500	EPA 624	11/04/2015	12:00	574
Chloroform	0.0324	mg/l	0.00200	EPA 624	11/04/2015	12:00	574
Chloromethane	< 0.00500	mg/i	0.00500	EPA 624	11/04/2015	12:00	574
cis-1,3-Dichloropropene	< 0.00200	mg/l	0.00200	EPA 624	11/04/2015	12:00	574
Chlorodibromomethane	< 0.00200	mg/l	0.00200	EPA 624	11/04/2015	12:00	574
Dichlorodifluoromethane	< 0.00500	mg/l	0.00500	EPA 624	11/04/2015	12:00	574
Ethylbenzene	< 0.00200	mg/l	0.00200	EPA 624	11/04/2015	12:00	574
Methylene Chloride	< 0.00500	mg/l	0.00500	EPA 624	11/04/2015	12:00	574
Tetrachloroethene	< 0.00200	mg/l	0.00200	EPA 624	11/04/2015	12:00	574
Toluene	< 0.00200	mg/i	0.00200	EPA 624	11/04/2015	12:00	574
trans-1,2-Dichloroethene	< 0.00200	mg/l	0.00200	EPA 624	11/04/2015	12:00	574
trans-1,3-Dichloropropene	< 0.00200	mg/l	0.00200	EPA 624	11/04/2015	12:00	574
Trichloroethene	< 0.00200	mg/l	0.00200	EPA 624	11/04/2015	12:00	574
Trichlorofluoromethane	< 0.00200	mg/l	0.00200	EPA 624	11/04/2015	12:00	574
Vinyl Chloride 625 Semi-Volatiles	< 0.00200	mg/l	0.00200	EPA 624	11/04/2015	12:00	574
1,2-Diphenylhydrazine	< 0.0106	mg/l	0.0106	EPA 625	11/05/2015	19:13	574
1,2,4-Trichlorobenzene	< 0.0106	mg/l	0.0106	EPA 625	11/05/2015	19:13	574 574
2,4,6-Trichlorophenol	< 0.0106	mg/l	0.0106	EPA 625	11/05/2015	19:13	574 574
2,4-Dichtorophenot	< 0.0106	mg/l	0.0106	EPA 625	11/05/2015	19:13	574 574
2,4-Dimethylphenol	< 0.0106	mg/l	0.0106	EPA 625	11/05/2015	19:13	574 574
2,4-Dinitrophenol	< 0.0213	mg/l	0.0213	EPA 625	11/05/2015	19:13	574
2,4-Dinitrotoluene	< 0.0106	mg/l	0.0106	EPA 625	11/05/2015	19:13	574 574
2,6-Dinitrotoluene	< 0.0106	mg/l	0.0106	EPA 625		19:13	574
2-Chloronaphthalene	< 0.0106	mg/l	0.0106	EPA 625		19:13 19:13	574 574
2-Chlorophenol	< 0.0106	mg/l	0.0106	EPA 625		19:13 19:13	574 574
-Nitrophenol	< 0.0106	mg/l	0.0106	EPA 625		19:13	574
3,3-Dichlorobenzidine	< 0.0106	mg/l	0.0106	EPA 625		19:13	574 574





Revised Analytical Report

Report Date:

01/15/2016

Report #:

6280

Job#:

0004691

Customer #:

2984W

Customer PO#:

Collected By:

ESS Employee

Sample Location: Wilderness - Expanded Effluent

Sample ID#: Sample Date/Time:

59420R

10/29/2015 / 14:01

Sample Source: Date Received:

Outfall 001

10/29/2015

Parameter	ŀ	Results	Unit	Report Limit	Method	Analysis Date	Time	INIT
4,6-Dinitro-o-cresol	<	0.0106	mg/l	0.0106	EPA 625	11/05/2015	19:13	574
4-Bromophenyl phenyl ether	<	0.0106	mg/l	0.0106	EPA 625	11/05/2015	19:13	574 574
4-Chloro-3-methylphenol	<	0.0106	mg/l	0.0106	EPA 625	11/05/2015	19:13	574 574
4-Chlorophenyl phenyl ether	<	0.0106	mg/l	0.0106	EPA 625	11/05/2015	19:13	574 574
4-Nitrophenol	<	0.0106	mg/l	0.0106	EPA 625	11/05/2015	19:13	574 574
Acenaphthene	<	0.0106	mg/l	0.0106	EPA 625	11/05/2015	19:13	574 574
Acenaphthylene	<	0.0106	mg/l	0.0106	EPA 625	11/05/2015	19:13	574 574
Anthracene	<	0.0106	mg/l	0.0106	EPA 625	11/05/2015	19:13	574 574
Benzidine	<	0.0213	mg/l	0.0213	EPA 625	11/05/2015	19:13	574 574
Benzo(a)anthracene	<	0.0106	mg/l	0.0106	EPA 625	11/05/2015	19:13	
Benzo(a)pyrene	<	0.0106	mg/l	0.0106	EPA 625	11/05/2015	19:13	574 574
Benzo(b)fluoranthene	<	0.0106	mg/l	0.0106	EPA 625	11/05/2015		574
Benzo(ghi)perylene	<	0.0106	mg/l	0.0106	EPA 625	11/05/2015	19:13	574
Benzo(k)fluoranthene	<	0.0106	mg/l	0.0106	EPA 625	11/05/2015	19:13	574
Butylbenzyl Phthalate	<	0.0106	mg/l	0.0106	EPA 625	11/05/2015	19:13 19:13	574
Bis(2-Chloroethoxy)methane	<	0.0106	mg/l	0.0106	EPA 625	· -	19:13	574 574
Bis(2-Chloroethyl)ether	<	0.0106	mg/l	0.0106	EPA 625	11/05/2015		574
Bis(2-Chloroisopropyl)ether	<	0.0106	mg/l	0.0106	EPA 625	11/05/2015	19:13	574
3is(2-Ethylhexyl)Phthalate	<	0.0106	mg/l	0.0106	EPA 625	11/05/2015	19:13	574
Chrysene	<	0.0106	mg/l	0.0106	EPA 625	11/05/2015	19:13	574
Dibenzo(a,h)anthracene	<	0.0106	mg/i	0.0106	EPA 625		19:13	574
Di-n-butyl Phthalate	<	0.0106	mg/l	0.0106	EPA 625	11/05/2015	19:13	574
Diethyl Phthalate	<	0.0106	mg/l	0.0106	EPA 625	11/05/2015	19:13	574
Dimethyl Phthalate	<	0.0106	mg/l	0.0106	EPA 625	11/05/2015	19:13	574
Di-n-octyl Phthalate	<	0.0106	mg/l	0.0106	EPA 625	11/05/2015	19:13	574
luoranthene	<	0.0106	mg/l	0.0106	EPA 625	11/05/2015	19:13	574
luorene	<	0.0106	mg/l	0.0106	EPA 625		19:13	574
iexachiorobenzene	<	0.0106	mg/l	0.0106	EPA 625		19:13	574
lexachlorobutadiene	<	0.0106	mg/l	0.0106	EPA 625		19:13	574
lexachlorocyclopentadiene		0.0106	mg/l	0.0106	EPA 625		19:13	574
lexachloroethane		0.0106	mg/l	0.0106	EPA 625		19:13	574
ndeno(1,2,3-cd)pyrene		0.0106	mg/i	0.0106	EPA 625		19:13 19:13	574 574





Revised Analytical Report

Report Date:

01/15/2016

Report #:

6280

Job#:

0004691

Customer #:

2984W

Customer PO #:

Collected By:

ESS Employee

Sample Location: Wilderness - Expanded Effluent

Sample ID#: Sample Date/Time: 59420R

10/29/2015 / 14:01

Sample Source: Date Received:

Outfall 001

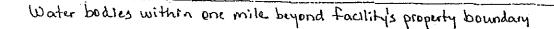
10/29/2015

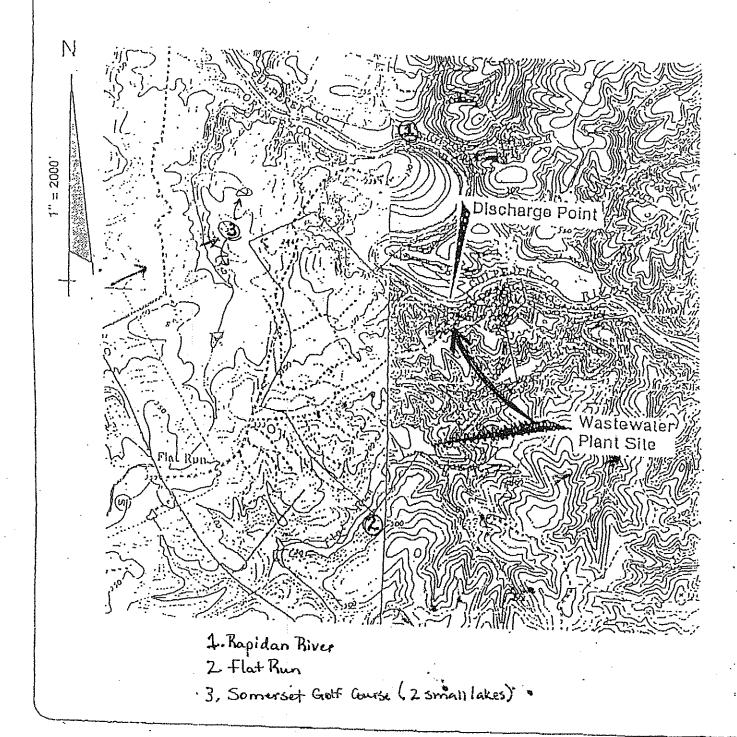
			, 14.01	Date Received.	10/23/2013			
Parameter	R	esults	Unit	Report Limit	Method	Analysis Date	Time	INIT
Isophorone	<	0.0106	mg/l	0.0106	EPA 625	11/05/2015	19:13	574
Naphthalene	<	0.0106	mg/l	0.0106	EPA 625	11/05/2015	19:13	574
Nitrobenzene	<	0.0106	mg/l	0.0106	EPA 625	11/05/2015	19:13	574
N-nitrosodimethylamine	<	0.0106	mg/l	0.0106	EPA 625	11/05/2015	19:13	574
N-nitrosodi-n-propylamine	<	0.0106	mg/l	0.0106	EPA 625	11/05/2015	19:13	574
N-nitrosodiphenylamine	<	0.0106	mg/l	0.0106	EPA 625	11/05/2015	19:13	574
Pentachlorophenol	<	0.0106	mg/l	0.0106	EPA 625	11/05/2015	19:13	574
Phenanthrene	<	0.0106	mg/l	0.0106	EPA 625	11/05/2015	19:13	574
Phenol	<	0.0106	mg/l	0.0106	EPA 625	11/05/2015	19:13	574
Pyrene	<	0.0106	mg/l	0.0106	EPA 625	11/05/2015	19:13	574
2,3,7,8-Tetrachlorodibenzodiox COMMENT:	<	0.0106	mg/l	0.0106	EPA 625	11/05/2015	19:13	574

This revised report replaces the original report issued 11/16/15; Report revised for semi-volatile compounds.

574 Samples subcontracted to VELAP ID# 460160

013 Samples subcontracted to VELAP ID# 460013

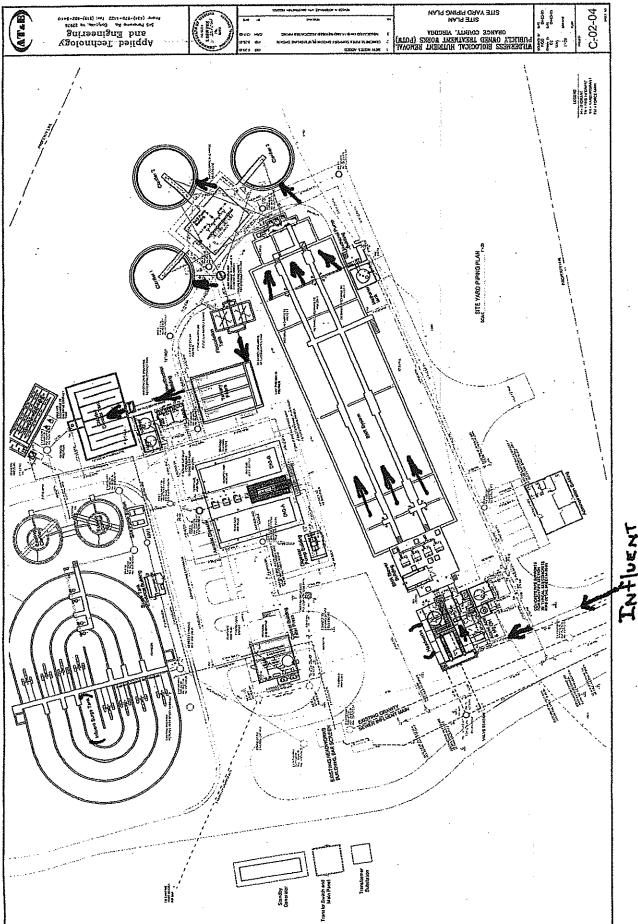




Rapidan Service Authority 7.5 Min. Topo Map Wilderness Wastewater Treatment Plant

DISCHARGE POINT - LAT. 38 22'30", LONG. 77 44'45".

Quad Maps = Germanna Bridge, Richardsville, Mine Run, and Chancellorsville.



VPDES PERMIT APPLICATION ADDENDUM

l.	Entity to whom the permit is to be issued: Rapidar	n Service Authorit	Y	
	Who will be legally responsible for the wastewater treatmost be the facility or property owner. Same as above.	ment facilities and	compliance with the permit	? This may or may
2.	Is this facility located within city or town boundaries?	? Yes xxNc	•	
3.	Please provide the tax map parcel number for the lan	d where the disch	arge is located: 12B Parc	el D-R
4.	For the facility to be covered by this permit, how man construction activities?0	ny acres will be di	sturbed during the next fi	ve years due to nev
5.	What is the design average flow of this facility in milli industrial facilities, provide the maximum 30-day ave	ion gallons per da crage production l	evel, include units:	(MGD) For
6.	In addition to the design flow or production level, sho flow tiers or production levels? xxYes No If yes, please identify the other flow tiers in MGD:Co Special Condition of the current permit. Please consider the following as you answer the question applicable): Do you plan to expand operations during the greater than your current flow? NO	ontinue reduced eff	luent monitoring for the 2.0) MGD Flow Tier production levels (if
7.	Nature of operations generating wastewater:M	unicipal wastewate	r treatment	ran di Sandri Sandrivino
	100% of flow from domestic connections/source	ces		
	Number of private residences to be served by the tre		4408	
	0% of flow from non-domestic connections/s	sources		
8.	Mode of discharge:x Continuous	Intermittent	Seasonal	
	Describe frequency and duration of intermittent and seas	onal discharges: _		
9.	Identify the characteristics of the receiving stream at	the point just abo	ove the facility's discharge	e point(s):
	Stream Characteristic	Martine 1 Control 1 Contro	Outfall Number	
	Permanent stream, never dry	001		
	Intermittent stream, usually flowing, sometimes dry			
	Ephemeral stream, wet-weather flow, often dry			
	Effluent-dependent stream, usually or always dry			
	Lake or pond at or below discharge point			
	Other:	1		

	LAC IVE VESTILISE UT/ 1// 1/	Sludge/Solids Management Plan	03/09/01
1	O & M Manual01/17/12	_	
	Have there been changes in your operation of	-	
t	Privately Owned Treatment Works: If the serve, 50 or more residences, you must include that you are incorporated in the Commonwe regulations and relevant orders of the State Companies (LLCs), Limited Partnerships (L	ude with your application notification alth and verification from the SCC to Corporation Commission. Incorporation	on from the State Corporation Commission that you are in compliance with all
	Please provide a list of Materials stored a nore room is necessary.	t the facility. Please complete the	table below or attach another page if
		Material Storage	
	Materials Description	Volume Stored	Spill/Stormwater Prevention Measure
	Acetic Acid	1000 gallons	Spill containment
	Magnesium Hydroxide	5600 gallons	Spill containment
	Methanol	5000 gallons	Spill containment
	Alum	4200 gallons	Spill containment
	Sodium Hypochlorite	4200 gallons	Spill containment
	Bisulfite	(6) 55 gallon drums	Stored indoors
	Polymer	(4) 55 gallon drums	Stored indoors
	Diesel Fuel	6000 gallons	Double wall tank
.]	Name Dudley M. Pattie	Title General Manager	E-mail Address rsa @rapidan.org
	Name		
	Name Dudley M. Pattie	General Manager	rsa @rapidan.org
	Name Dudley M. Pattie	General Manager	rsa @rapidan.org

PUBLIC NOTICE BILLING INFORMATION

onmental Quality to have the cost of publishing a public
n below. The public notice will be published once a week
nty Record in accordance
Rapidan Service Authority
Rapidan Service Authority
P.O. Box 148
Ruckersville, VA 22968
(434) 985-7811
Dodley M. YA +15
Vyoller M/s/1/15
-1/22/16

VPDES Permit No. VA0083411 Facility Name - Wilderness Wastewater Treatment Plant

VPDES Sewage Sludge Permit Application for Permit Reissuance Instructions WHO MUST SUBMIT THE APPLICATION - All facilities with a current VPDES Permit that authorizes the discharge of treated sewage wastewater that are applying for reissuance must complete and submit this application. Part 1 is general information to be provided by all facilities. Part 2 must be completed by all facilities that generate Class A or Class B biosolids that are land applied. Part 3 must be completed by all facilities that land apply Class B biosolids. Part 1 – Sludge Disposal Management (To be completed by all facilities) Facility Name: Wilderness Wastewater Treatment Plant VPDES Permit No: VA0083411 1. Shipment Off Site for Treatment or Blending Is sewage sludge from your facility sent to another facility that provides treatment or blending? ☐ Yes **7** No If you send sewage sludge to more than one facility, attach additional sheets as necessary. Shipment off site is: The primary method of sludge disposal A back up method of sludge disposal a. Receiving Facility Name b. Receiving Facility VPDES Permit No. c. Include an acceptance letter from the Receiving Facility. d. Receiving Facility's ultimate disposal method for sewage sludge Disposal in a Municipal Solid Waste Landfill Is sewage sludge from your facility placed in a municipal solid waste landfill? ☐ Yes **7** No If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary. Landfilling is: The primary method of sludge disposal A back up method of sludge disposal a. Landfill Name b. Landfill Permit No. c. Include an acceptance letter from the landfill. Is sewage sludge from your facility fired in a sewage sludge incinerator? ☐ Yes **V** No Incineration is: The primary method of sludge disposal A back up method of sludge disposal a. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired? ☐ Yes ☐ No If yes, provide the Air Registration No. If no, complete items b - d for each incinerator that you do not own or operate. b. Facility Name c. Air Registration No. d. Include an acceptance letter from the Incinerator. Class A Biosolids Do you produce Class A biosolids for land application or distribution and marketing? If yes, complete Part 2. Yes **✓** No Are Class A biosolids from your facility land applied in bulk? ☐ Yes □ No ☐ Yes ☐ No Do you sell or give away Class A biosolids in a bag or other container for application to the land? If yes, provide the VDACS certification number? 5. Class B Biosolids ✓ Yes No Do you produce Class B biosolids? If yes, complete Part 2. Are Class B biosolids from your facility land applied land applied under the authorization of this VPDES Permit? If yes, **▼** No complete Part 3. Land Application Under a Separate Permit Are biosolids from your facility land applied under the authorization of a permit other than your VPDES Permit? ✓ Yes No Biosolids are land applied under the authorization of a VPA permit Another VPDES Permit Out of State Complete items a - c for each VPA permit authorized to land apply biosolids from your facility. a. Permittee Name b. Permit No. *** RSA contracts with RECYC Systems, Inc. for all land application on VDH Approved sites. Part 3 is not included in this application. c. Include copy of any information you provide to the Receiving VPDES or VPA Permittee to comply with the "notice and necessary information" requirement of 9VAC25-31-530 F.

	VPDES Sewage Sludge Permit Application for Permit Reissuance							
Ps	Part 2 – Biosolids Characterization (To be completed by all facilities that generate biosolids that are land applied.)							
	Have there been changes to sludge treatment processes or storage facilities since the previous permit issuance/reissuance?	Yes	✓ No					
	Do the biosolids generated under this permit that will be land applied meet one of the Class A pathogen requirements in 9VAC25-31-710 A 3 through A 8 or Class B pathogen requirements in 9VAC25-31-710 B 1 through B 4?	✓ Yes	□ No					
	Identify the pathogen reduction option utilized to demonstrate compliance with the pathogen reductions requirements and proventate demonstrate compliance with the applicable alternative. Class B, Alternative 2, D, 1	vide the dat	a					
3.	Do the biosolids generated under this permit that will be land applied meet one of the vector attraction reduction requirements in 9VAC25-31-720 B 1 through B 10?	✓ Yes	□ No					
	Identify the vector attraction reduction option utilized to demonstrate compliance with the vector attraction reductions required provide the data that demonstrate compliance with the applicable alternative. Alternative 3	ments and						
4.	Do the biosolids to be land applied meet the ceiling/pollutant concentrations in 9VAC25-31-540 B?	☐ Yes	√ No					
5.	Has data from the most recent 3 samples for pH (S.U.), Percent Solids (%), Ammonium Nitrogen (mg/kg), Nitrate Nitrogen (mg/kg), Total Kjeldahl Nitrogen (mg/kg), Total Phosphorus (mg/kg), Total Potassium (mg/kg), Alkalinity as CaCO ₃ (mg/kg), Arsenic (mg/kg), Cadmium (mg/kg), Copper (mg/kg), Lead (mg/kg), Mercury (mg/kg), Nickel (mg/kg), Selenium (mg/kg), Zinc (mg/kg) been submitted to DEQ? The samples shall be no more than 4½ years old and each sampling date shall be at least 1 month apart.	∠ Yes	□No					
	If no, provide the data with this application.	•	************					
	art 3 - Land Application of Class B Biosolids (To be completed by all facilities that land apply Class B biosol	~~~	STATISTICAL PROPERTY.					
	Provide to DEQ and to each locality in which biosolids are to be land applied, written evidence of financial responsibility. Ev responsibility shall be provided in accordance with 9VAC25-31-100 P 9.							
2.	For each site, provide a properly completed landowner agreement for each landowner, using the most current Land Applicatio Biosolids Form (VPDES Sewage Sludge Permit Application Form – Attachment to Section C).	n Agreeme	nt -					
3.	Are any new land application fields proposed at this reissuance?	☐ Yes	□ No					
	If yes, contact the DEQ Regional Office for additional submittal requirements.							
4.	For the currently permitted land application fields, are the previously submitted site booklets, maps and acreage accurate.	☐ Yes	☐ No					
	If no, contact the DEQ Regional Office for additional submittal requirements.							
5.	Does the facility's Biosolids Management Plan on file with DEQ include the following minimum information?	Yes Yes	☐ No					
	a. An odor control plan that addresses the abatement of odors resulting from the storage and/or land application of biosol	ids.						
	b. A description of the transport vehicles to be used.							
	 Procedures for biosolids offloading at the land application site including spill prevention, cleanup (including vehicle cleanup reclamation, and emergency notification and cleanup measures. 	leaning), fi	eld					
	 d. A description of the land application equipment including procedures for calibrating equipment to ensure uniform distrappropriate loading rates. 	ribution and	d					
	 Procedures used to ensure that land application activities address notification requirements, signage requirements, slop operation limitations during periods of inclement weather, soil pH requirements, buffer zone requirements, and site res 	e restrictions.	ns,					
	f. Any other information necessary to ensure compliance with the requirements of the Biosolids Program of the VPDES (9VAC25-31-420 through 720).	Permit Reg	ulation					
C	ertification							
de: wh be:	ertify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordan signed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the part of manage the system or those persons directly responsible for gathering the information, the information is, to the best of my kalief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the dimprisonment for knowing violations.	erson or pe mowledge	rsons and					
	Name and Official Title Dudley M. Pattie, General Manager	 						
	Signature Ole Man 9		<u>.</u>					
	Telephone number / Email (434) 985-7811 /		····					
	Date signed 1/32/16							
(Ba	ased on a review of this information, it may be necessary to submit additional information to meet other legal or technical review requirements.	.)						

Rev 7/18/2012 Page 2 of 2



January 6, 2016

Mr. Joe Compton Rapidan Service Authority P. O. Box 148 Ruckersville, VA 22968

Subject: 2015 Wilderness WWTP- Pathogen Reduction Study Summary

Dear Joe,

Environmental Systems Service, Ltd. (ESS) conducted vector attraction study for the Wilderness WWTP from 11/30/2015 to 12/30/2015. The original 5 gallon sample which was received from RSA was immediately mixed and poured off into two (2) sample vessels. These two vessels were labeled Vessel A and Vessel B (duplicate) which was contained in 4000 mL glass Erlenmeyer flasks. Mixed liquor suspended solids (MLSS), mixed liquor volatile suspended solids (MLVSS), and Fecal Coliform samples were collected from Vessels A and B at both the start test date and after the 30 day period. Each vessel was mixed and aerated with a small air compressor and diffuser stone for the duration of the test period. As water evaporated out of the vessel over the course of the 30 day period, additional distilled water was added to each vessel as needed until the original test volume was maintained.

After the 30 day period had expired a second round of MLSS, MLVSS, and Fecal Coliform samples were collected from Vessels A and B.

Vessel A Date 11/30/2015 12/30/2015	% Sludge = MLSS 27700 31900	2.77% MLVSS 18600 21200 Reduction	% Volatile 67.1% 66.5% 0.7%	Fecal Coliform 19500 5330
Vessel B Date 11/30/2015 12/30/2015	% Sludge = MLSS 30200 27200	3.02% MLVSS 20100 18000 Reduction [% Volatile 66.6% 66.2% 0.4%	Fecal Coliform 72800 7210
	Average Red	duction for 30	Day Period	0.5%

The average total volatile reduction of Vessels A and B during the 30 day period was calculated to be 0.5%. According to the biosolids use regulations of 9VAC 25-31 720 section B.3 the sludge satisfies vector attraction reduction requirements for land application when 38% volatile solids reduction from subdivision 1 cannot be met for an aerobically digested sludge. In this case vector attraction reduction can be demonstrated by digesting a portion of the previously digested sewage sludge that has a percent of 2.0% or less aerobically in the laboratory bench scale for a period of 30 days at 20°C. When at the end of the 30 days, the volatile solids in the sewage sludge at the beginning of that period is reduced by less than 15%, vector attraction reduction is achieved.

Since the volatile solids reduction for the Wilderness WWTP was found to be an average of 0.5% reduction after the additional 30 day period, the sludge does meet the vector attraction reduction requirements of 9VAC 25-31 720. The following information should be submitted on your Form SO1 discharge monitoring report. This data supports the alternative method 3. On an Annual basis, you are required to perform a bench scale demonstration of your facility's sludge quality. Copies of the bench sheets for this demonstration must be submitted with your Form SO1 DMR.

Should you have any questions or concerns please feel free to contact me at 540-825-6660.

Best regards,

Sean Minavio, Environmental Scientist

ear Minario

Environmental Services Division

Attachment – Analytical Report & Chains of Custody





Rapidan Service Authority Wilderness P. O. Box 148 Ruckersville, VA 22968

Report Date:

01/04/2016

Report #:

7465

Job#:

0004748

Customer #:

2984W

Customer PO#:

Collected By:

ESS Employee

Sample Location: Vector Attraction

12/30/2015

12:12

JI

Sample ID#: Sample Date/Time: 0062083

12/30/2015 / 07:30

Sample Source: **Date Received:**

Vessel A

12/30/2015

Parameter	Results	Unit	Report Limit	Method	Analysis Date	Time	INIT
MLSS/MLVSS					······································	····	
Mixed Liquor Susp Solids	31,900	mg/l	1.00	SM 2540 D-2011	12/30/2015	11:27	BK
Mixed Liquor Volatile SS	21,200	mg/l	1.00	SM 2540 E-2011	12/30/2015	16:45	ال
Fecal Coliform	5,330	MPN/g	1.8	SM 9221 E+C-2006	12/30/2015	12:00	JI
Cample ID4.	0000004		Cample Carres	\			·

Sample ID#: Sample Date/Time:

MLSS/MLVSS Mixed Liquor Susp Solids

Mixed Liquor Volatile SS

0062084

Results

27,200

18,000

7,210

12/30/2015 / 07:35

Unit

mg/l

mg/l

MPN/g

Sample Source: Date Received:

1.8

Vessel B 12/30/2015

SM 9221 E+C-2006

INIT Analysis Date Time Report Limit Method 1.00 SM 2540 D-2011 12/30/2015 11:45 BK 1.00 SM 2540 E-2011 12/30/2015 16:45 JI

Fecal Coliform COMMENT:

Parameter

Results reported as MPN/g are reported on a dry weight basis.



Vessel A	% Sludge =	2.77%		
Date	MLSS	MLVSS	% Volatile	Fecal Coliform
11/30/2015	27700	18600	67.1%	19500
12/30/2015	31900	21200	66.5%	5330
		Reduction	0.7%	
Vessel B	% Sludge =	3.02%		
Date	MLSS	MLVSS	% Volatile	Fecal Coliform
11/30/2015	30200	20100	66.6%	72800
12/30/2015	27200	18000	66.2%	7210
		Reduction	0.4%	
	A. (2222 Page 1722	dunding for 20) Day Bariad	0.50/
	Average Red	uuguon tor at	Day Period	U-070